## 150% - 142 - 0890

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 APR 20 AM 7: 47

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
VIRGIN ISLANDS FOR	R PLASKETT	<u>                                     </u>	
	P.O. BOX 1006		
ADDRESS (number and street)	CHRISTIANSTED		<u> </u>
(Check if address is changed)	ST CROIX		VI 00841
	c	CITY	STATE SIP CODE
COMMITTEE'S E-MAIL ADDRES  (Check if address is changed)	SS (Please provide only one e-r plaskettforcongress		
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)	DRESS (URL)  www.plaskettforcor	ngress.org	
2. DATE 04 ) / 15	2015		
3. FEC IDENTIFICATION NU	JMBER C 005	528182	•
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·
I certify that I have examined the Type or Print Name of Treasurer	Jonathan Buckney	-	it is true, correct and complete.
Signature of Treasurer	8		Date 04 <sup>M</sup> ' 75 <sup>D</sup> ' 2015
	cous, or incomplete information of ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

5.

		OMMITTEE Committee:
(a)	<b>O</b>	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		
Candi Party	date Affiliatio	on Office State Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:  (National, State (Democratic,
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint		Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

PEC Form 1 (Hevised	1 02/2009)	Page 3
Write or Type Committee Nar VIRGIN ISLANDS FO		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade	rship PAC Sponsor
Mailing Address		
•	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person in p	possession of committee
Full Name LLL  Mailing Address	han Buckney Small P.O. Box 1006 Frederiksted St. Croix VI 008	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. <b>Treasurer:</b> List the name a any designated agent (e.g.		name and address of
Full Name Jonati of Treasurer L. I. I. Mailing Address	han Buckney Small P.O. Box 1006	
	Frederiksted St. Croix VI 0084	41 
Title or Position Treasurer	Telephone number	

Full Name of Designated	,	•																						
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To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

STATE

ZIP CODE

CITY

Mailing Address

FEC Form 1 (Revised 02/2009)

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREMARER DATE PREPARED